



# Hilldale Public Schools

500 E. Smith Ferry Road  
Muskogee, OK 74403

(918) 683-0273  
fax (918) 683-8725

*Erik Puckett, Assistant Superintendent*  
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## Parental Authorization to Administer Medical Attention

I am the parent with legal custody or the legal guardian of \_\_\_\_\_ who attends Hilldale Public School. If this student requires medical attention as a result of sports participation, I hereby give my consent and authorization to medical personnel to treat my child.

I understand that under state law, the Board of Education, the school district, and/or employees of the district shall not be liable to the student or student's parents or guardians for civil damages for any personal injuries to the student.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_

\_\_\_\_\_  
Parent with Legal Custody or Guardian

\_\_\_\_\_  
Home Address

## Proof of Insurance

In order for a student to participate in athletics, students must purchase accident insurance or sign this form indicating that you have adequate insurance.

\_\_\_\_\_ Yes, we have adequate insurance and do not wish to purchase accident insurance

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Parent's Name

\_\_\_\_\_  
Date